U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E OUNG	-					
1. File Number U - 12499	2. Fiscal Year Covered From:					
	1 / 1 / 2005 Through: 12 / 31 / 2005					
3. Name and address of person filing.	4. Name, file number, and address of labor organization.					
Name Robert Keppler	Name Automobile Mechnnics Local 701					
	Labor Organization File Number 016-910					
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any					
Street 1126 Dorchester Lane	Street 500 W. Plainfield Road					
City Bartlett	City Countryside					
State Illinois ZIP Code + 4 60103	State [111inois ZIP Code + 4 [60525-3580]					
5. Position in labor organization. Assistant Directing Business	Rep					
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat     6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of ion represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.					
Name Trade Name, if any:						
P.O. Box, Bldg., Room No., if any	7.b. Amount.					
Street						
City						
State ZIP Code + 4						
Signature						
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the set	ying documents), has been examined by the signatory and is, to the best of the					
Signed Tolon to Kenny	On 03/06/2006 708 482-1720					
Form I M-30 (2003)	Date Telephone Number					

Name of Person Filing Robert Keppler	File Number U- 12499					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).  Name Automobile Mechanics Local 701 Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 500 West Plainfield Road  City Countryside  State Illinois ZIP Code + 4 60525	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Local #701 Welfare & Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 500 West Plainfield Road  City Countryside  State Illinois ZIP Code + 4 60525	11.a. Nature of such dealing.  Reimbursed from Trust Fund for Department of Labor and ERISA required education conference for food, travel and lodging in the exercise of my fiduiciary duty  11.b. Approximate dollar value of such dealing. \$2,003  12.a. Nature of interest held or income received.					
	12.b. Amount.					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					

Name of Person Filing	Robert	Keppler	***************************************		File Number U-	12499	_

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Automobile Mechanics Local 701 Welfare Fund	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any				
Street 500 West Plainfield Road	c. Employer			
City Countryside				
State Illinois ZIP Code + 4 60525				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Automobile Mechanics Local 701 Welfare Fund	Reimbursed from Trust Fund for Department of Labor and ERISA required education conference for food, travel and lodging in the exercise of my fiduiciary			
Trade Name, if any:	duty	of my fidulciary		
P.O. Box, Bldg., Room No., if any	The state of the s	POLICE AND ADDRESS OF THE POLICE AND ADDRESS		
Street 500 West Plainfield Road				
City Countryside				
State Illinois ZIP Code + 4 60525	11.b. Approximate dollar value of such dealing.	\$2,003		
	12.a. Nature of interest held or income received.			
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	A Contract Contract	App.		
		Paragonas and West		
	12.b. Amount.			

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